

FISCAL NOTE

HB 13 - SB 196

February 18, 2003

SUMMARY OF BILL:. Requires a specific list of services to be provided in home and community based programs as defined in current Medicaid statute. The bill requires that the Commissioner of Health submit any proposed Medicaid waiver for home-based and community-based services to the General Assembly 30 days (60 days in current law) before submitting the request to the Federal government. This bill requires the individual expenditure limit for these waivers to be no less than 75 percent of the average cost of nursing home care.

ESTIMATED FISCAL IMPACT:

Other Fiscal Impact - Minimal if the expanded level of services is provided within the proposed budget by reducing the number of enrollees. Providing the specified range of services to the current 2,871 enrollees would increase state expenditures by an estimated \$7,022,000 and Federal expenditures by an estimated \$12,677,000.

The current base budget for the Home and Community Based waiver approved by the Federal government for fiscal year 2002-2003 is \$28,246,000 to serve 2,871 persons. The bill does not require an increase in the budgeted amount but would reduce the number of persons who could be served by expanding the range of services included in the waiver and increasing the cost per person. According to the TennCare Bureau the current waiver does not include a per person expenditure cap.

The TennCare Bureau estimates that providing the greater range of services would increase average costs to \$16,700 per person which would reduce the program population to 1,691. To serve the current 2,871 would increase program costs by \$19,699,700 of which \$7,022,000 would be state funds.

CERTIFICATION:

This is to duly certify that the information contained herein is true and correct to the best of my knowledge.



James A. Davenport, Executive Director